

Family Planning Flow Sheet

Date of Visit								
Annual Visit								
Ht.	Wt.							
BP								
BC Method								
Laboratory	# Dispensed							
	HCT / Hgb							
	PA P							
	GC							
	CT							
	RPR							
	HIV							
	UCG							
	LMP							
	Other							
Date of Visit								
Annual Visit								
Ht.	Wt.							
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	LMP							
	Other							

Date _____ G _____ P _____ SAB _____ TAB _____ Living Children _____
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